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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	C 2864 PCT/US
	First Named Inventor	BELL, Doris
	COMPLETE IF KNOWN	
	Application Number	10/565,135
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below)
of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**USE OF CIS-9, TRANS-11 ISOMER OF CONJUGATED LINOLEIC ACID (CLA) FOR TREATING
INFLAMMATORY DISEASES**

(Title of the Invention)

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 12/19/2003 as United States Application Number or PCT International

Application Number PCT/EP2003/014592 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
103 32 712.6	Germany	07/18/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box → ☐

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2003/014592	12/19/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name	23657	Customer Number	or label	
OR				
<input type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:				

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number **23657** or label OR ☐ Fill in correspondence address below

Name			
Address			
Address			
City	State	Zip	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Doris	Middle Initial		Family Name	BELL	Suffix e.g. Jr.			
Inventor's Signature	<i>Doris Bell</i>				Date	<i>Jan. 11th 2006</i>			
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	German		
Post Office Address	Am Ellerforst 43								
Post Office Address									
City	40627 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

Type a plus sign (+) inside this box → ☐

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Albrecht	Middle Initial		Family Name	WEISS	Suffix e.g. Jr.	
Inventor's Signature	<i>Albrecht Weiss</i>				Date	Jan 25, 2006	
Residence: City	Langenfeld	State		Country	Germany	Citizenship	German
Post Office Address		Forellenweg 37					
Post Office Address							
City	40764 Langenfeld	State		Zip		Country	Germany
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Albert	Middle Initial		Family Name	STRUBE	Suffix e.g. Jr.	
Inventor's Signature	<i>Albert Strube</i>				Date	Jan 16, 2006	
Residence: City	Neuss	State		Country	Germany	Citizenship	German
Post Office Address		Max-Ernst-Strasse 107					
Post Office Address							
City	41470 Neuss	State		Zip		Country	Germany
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Bernd	Middle Initial		Family Name	FABRY	Suffix e.g. Jr.	
Inventor's Signature	<i>Bernd Fabry</i>				Date	Feb 04 06	
Residence: City	Korschenbroich	State		Country	Germany	Citizenship	German
Post Office Address		Bruchstrasse 13					
Post Office Address							
City	41352 Korschenbroich	State		Zip		Country	Germany
Applicant Authority							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Gerhard	Middle Initial		Family Name	JAHREIS	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Jena	State		Country	Germany	Citizenship	German
Post Office Address		Hinter dem Dorfe 32					
Post Office Address							
City	07751 Jena	State		Zip		Country	Germany
Applicant Authority							
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box → ☐

C 2864 PCT/US

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name	Anke			Middle Initial			Family Name	JAUDSZUS			Suffix e.g. Jr.					
Inventor's Signature							Date									
Residence: City		Mechterstaedt			State			Country		Germany		Citizenship	German			
Post Office Address		Sand 9														
Post Office Address																
City	99880 Mechterstaedt			State			Zip			Country		Germany		Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature							Date									
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature							Date									
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature							Date									
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature							Date									
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																

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<div style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div><input type="checkbox"/> Declaration Submitted with Initial Filing</div><div>OR</div><div><input type="checkbox"/> Declaration Submitted after Initial Filing</div></div>	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Attorney Docket Number _____ First Named Inventor BELL, Doris</div><div style="width: 60%;">C 2864 PCT/US</div></div> <div style="text-align: center; margin-top: 5px;">COMPLETE IF KNOWN</div> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Application Number _____ Filing Date _____ Group Art Unit _____ Examiner Name _____</div><div style="width: 60%;"></div></div>
--	--

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF CIS-9, TRANS-11 ISOMER OF CONJUGATED LINOLEIC ACID (CLA) FOR TREATING INFLAMMATORY DISEASES

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

12/19/2003

 as United States Application Number or PCT International

Application Number

PCT/EP2003/014592

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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
103 32 712.6	Germany	07/18/2003	<div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto;"></div>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<div style="display: flex; align-items: center;"><div style="margin-right: 5px;"><input type="checkbox"/></div><div>Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</div></div>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION	Page 2
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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2003/014592	12/19/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name 23657 Customer Number or label

OR

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label 23657 OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City		State		Zip	
Country	Telephone		Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Doris	Middle Initial		Family Name	BELL
Inventor's Signature				Date	
Residence: City	Duesseldorf	State		Country	Germany
				Citizenship	German
Post Office Address	Am Ellerforst 43				
Post Office Address					
City	40627 Duesseldorf	State		Zip	
				Country	Germany
				Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box + ☐

C 2864 PCT/US

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Albrecht			Middle Initial		Family Name	WEISS			Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City	Langenfeld			State		Country	Germany			Citizenship	German		
Post Office Address	Forellenweg 37												
Post Office Address													
City	40764 Langenfeld			State		Zip		Country	Germany			Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Albert			Middle Initial		Family Name	STRUBE			Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City	Neuss			State		Country	Germany			Citizenship	German		
Post Office Address	Max-Ernst-Strasse 107												
Post Office Address													
City	41470 Neuss			State		Zip		Country	Germany			Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Bernd			Middle Initial		Family Name	FABRY			Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City	Korschenbroich			State		Country	Germany			Citizenship	German		
Post Office Address	Bruchstrasse 13												
Post Office Address													
City	41352 Korschenbroich			State		Zip		Country	Germany			Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Gerhard			Middle Initial		Family Name	JAHREIS			Suffix e.g. Jr.			
Inventor's Signature	<i>Gerhard Jahreis</i>						Date	23. Jan. 2006					
Residence: City	Jena			State		Country	Germany			Citizenship	German		
Post Office Address	Hinter dem Dorfe 32												
City	07751 Jena			State		Zip		Country	Germany			Applicant Authority	
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto												

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C 2864 PCT/US

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet													
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name		Anke				Middle Initial				Family Name		JAUDSZUS				Suffix e.g. Jr.							
Inventor's Signature		<i>Anke Jaudszus</i>								Date		23.01.06											
Residence: City		Mechterstaedt				State				Country		Germany				Citizenship		German					
Post Office Address		Sand 9																					
Post Office Address																							
City		99880 Mechtersaadt				State				Zip				Country		Germany				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.							
Inventor's Signature										Date													
Residence: City						State				Country						Citizenship							
Post Office Address																							
Post Office Address																							
City						State				Zip				Country						Applicant Authority			
<input type="checkbox"/>		Additional inventors are being named on supplemental sheet(s) attached hereto																					